

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF MISSOURI

\_\_\_\_\_  
DIVISION

CIVIL COMPLAINT

Opal Words

\_\_\_\_\_  
Enter above the full name of Plaintiff or Plaintiffs in this action

vs.

Activis / Watson Pharmaceuticals

DR SHARON LEE MD

Walgreen pharmacy (MO)

Walgreen pharmacy (KS)

PARK Pharmaceutical

\_\_\_\_\_  
Enter above the full name of Defendant or Defendants in this action

CASE NO. \_\_\_\_\_

I. Parties to this Civil Action

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any, on back side of this sheet.)

A. Name of Plaintiff Opal R. Words

Address

P.O. Box 901320  
Kansas City MO. 64190

B. Name of Defendant(s) - Walgreen Pharmacy (MO), Walgreen  
Pharmacy (KS), Activis / Watson Pharmaceuticals (NJ),  
DR Sharon Lee MD (KS) PARK Pharmaceutical (NY)

II. Statement of Claim

(State here as briefly as possible the facts of your claim. Describe how each named defendant is involved. Include the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. [Use as much space as you need to state the facts. Attach extra sheets if necessary.] Unrelated separate claims should be raised in separate civil actions.)

# Statement of Facts

Names of people involved

Walgreen Pharmacy(s) Kansas & Mo filled  
prescription for Maxinor 4 different times over FDA  
Approval & over plaintiff weight. 3 pills 3 times a day  
at 2.5 mg.

DR LEE either called the prescription in wrong  
or the pharmacist at (Both store) wrote it wrong.

~~However~~ , & PARR

Watson / Activas - Fail to ~~prevent~~ enter a  
Recommendation to prevent overdoses or to  
~~the~~ pharmacist know.

WARR

III. Relief

State briefly exactly what you want the Court to do for you.

Hold them accountable for what happened

Make no legal arguments. Cite no cases or statutes.

IV. Do you claim the wrongs alleged in your complaint are continuing to occur at the present time?

Yes ☒ No ☐

V. Do you claim actual or punitive monetary damages for the acts alleged in your complaint?

Yes ☒ No ☐

If you answered yes, state the amounts claimed and the reasons you claim you are entitled to recover money damages

at this point - Don't know, need to get

VI. Counsel

Do you have an attorney to represent you in this civil action?

Yes ☐ No ☒

A. Have you made any effort to contact a private attorney to determine if he or she would represent you in this civil action?

Yes ☒ No ☐

B. If you answered yes, state the names and addresses of the attorneys contacted, and give the results of those efforts.

- 1) Eagle-Aid - MO - Don't do these type of CAPS.
- 2) Melvin E. King, St. Louis MO - No Return Call.
- 3) Fred Bryant, KC MO - Not interested.
- 4) Kennen, Schmitt, Nygaard. Referred me to others.

C. If you answered no, state your reasons why no such efforts have been made.

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**VII. Administrative Procedures**

A. Have the claims which you make in this civil action been presented through any type of Administrative Procedure within any government agency?

Yes ☐

No ☒

B. If you answered yes, state the date your claims were presented, how they were presented, and the result of that procedure.

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C. If you answered no, give the reasons, if any, why the claims made in this action have not been presented through Administrative Procedures.

Will Be ~~Contracting~~ Contracting these Agencies  
Now. (US) (MO) + US.

Signed this 23<sup>rd</sup> day of MAY, 2014

Opal Woods

Signature of Plaintiff or Plaintiffs